



CSU MONTEREY BAY

Fax: 831-582-4502
 Mail: Extended Education Office
 100 Campus Center, Bldg 201 2nd Floor
 Seaside, CA 93955-8001

REGISTRATION FORM

Extended Education
 Open University

Winter
 Spring
 Fall

STUDENT INFORMATION

Social Security Number _____ Circle Term: Summer Year _____

Last Name	First Name	Middle Name
Street Address	City	State Zip
Date of Birth	Gender	Email Address
Daytime Phone	Evening Phone	Fax
Student Signature _____		Date _____

FOR EACH CREDIT CLASS ENTER ONE GRADE MODE:
 Letter = Letter Grade
 CR/NC = Credit / No Credit

COURSE INFORMATION

Status (Office Only)	CRN # (Required)	Grade Mode	Course No.	Section	Units	Instructor's Signature	EE Fee

Total Units: _____ Additional Fee: _____
 Campus Fee: _____
 Total EE Fee: _____

Cashier's Stamp	Registration's Stamp
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PAYMENT INFORMATION

- Check made payable to CSUMB/EE for \$ _____
- I hereby authorize CSUMB to charge the following amount: _____

Credit Card (please circle): Visa MasterCard Discover American Express

Credit Card Number _____ Expiration Date _____

Cardholder name as printed on credit card _____

Cardholder's Signature (required) _____

Daytime Phone _____ Message Phone _____